

SIX FLAGS NEW ENGLAND	
SUBJECT: ANTHRAX AND BIOLOGICAL THREATS	EMERGENCY RESPONSE PROCEDURES
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EFFECTIVE: JANUARY 2016	SUPERSEDE: ALL PREVIOUS

ANTHRAX AND OTHER BIOLOGICAL AGENT THREATS

Many facilities in communities around the country have received anthrax threat letters. Most were empty envelopes; some have contained powdery substances. The purpose of these guidelines is to recommend procedures for handling such incidents.

DO NOT PANIC

1. Anthrax organisms can cause infection in the skin, gastrointestinal system, or the lungs. To do, so the organism must be rubbed into abraded skin, swallowed, or inhaled as a fine, aerosolized mist. Disease can be prevented after exposure to the anthrax spores by early treatment with the appropriate antibiotics. Anthrax is not spread from one person to another person.
2. For anthrax to be effective as a covert agent, it must be aerosolized into very small particles. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.

Suspicious unopened letter or package marked with a threatening message such as "ANTHRAX".

1. **Do not shake, open or empty the contents** of any suspicious envelope or package.
2. PLACE the envelope or package in a plastic bag or some other type of container to prevent leakage of contents.
3. If you do not have any container, then COVER the envelope or package with anything (e.g., clothing, paper, trash can, etc.) and do not remove this cover.
4. Then LEAVE the room and CLOSE the door, or section off the area to prevent others from entering (i.e., keep others away).
5. WASH your hands with **soap and water** to prevent spreading any powder to your face.
6. What to do next...
 - If you are at **work**, then report the incident to your building security official or an available supervisor who should notify police and other authorities.
 - If you are at **home**, then report the incident to local police.
7. LIST all people who were in the room or area when this suspicious letter or package was recognized. Give this list to both the local public health authorities and law enforcement officials for follow-up investigations and advice.

How likely is it that someone would receive anthrax or other terrorist-related biological agents in the mail?

Data from the US Postal Service shows that over 200 billion pieces of mail are delivered each year. During the last year, of these billions of pieces of mail, they only received approximately 60 threats or hoaxes which included anthrax, hoof and mouth disease, the Klingerman virus

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hoax and others.

Local, state, and Federal health and emergency program officials are prepared to deal with terrorist activities involving release of anthrax spores. The Postal Service is coordinating with these officials to ensure quick and effective response to any such activities. The remote, but real, possibility that anthrax will be introduced into the mail stream requires that the above outlined procedures be strictly followed.

What constitutes a “suspicious parcel”?

Some typical characteristics Postal Inspectors have detected over the years, which ought to trigger suspicion, include parcels that:

- are unexpected or from someone unfamiliar to you.
- are addressed to someone no longer with your organization or are otherwise outdated.
- have no return address, or have one that can't be verified as legitimate.
- are of unusual weight, given their size, or are lopsided or oddly shaped.
- are marked with restrictive endorsements, such as “Personal” or “Confidential.”
- have protruding wires, strange odors or stains.
- show a city or state in the postmark that doesn't match the return address.

If you encounter a suspicious looking mail piece(s), follow the procedures outlined and report it to your supervisor/manager immediately.

RECOMMENDED PROTOCOL FOR THE FIRST AID DEPARTMENT MANAGEMENT OF PERSONS ALLEGEDLY EXPOSED TO ANTHRAX & NOT DECONTAMINATED

Overview

Identify patient who states he or she was possibly exposed to anthrax
 Notify the Safety/Security Manager, General Manager & Corporate Risk Management
 Prepare for decontamination by moving patient to an area where they can be decontaminated.
 Determine the need for decontamination prior to transportation to Emergency Room
 EMT evaluation of patient
 Notify 911 if appropriate (if they have not previously been notified or if Haz-mat has not been involved yet)
 Transport patient to Emergency Room

1. Identify patient who states he or she was possibly exposed to anthrax

The case definition for this protocol is any patient who states that he or she was possibly exposed to anthrax.

All EMS, Security/Safety Management personnel should be aware that a Guest or Employee may present to any location with in the park stating that he or she may have been exposed to anthrax.

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Possible exposures include
<ul style="list-style-type: none"> • Direct contact (e.g., handling, ingesting, inhaling) with an unknown substance (e.g., powder, gel, liquid, aerosol) alleged to be anthrax • Inhalation of alleged aerosolized anthrax (e.g., through ventilation system in building) • Close contact of a person with suspected anthrax (e.g., co-worker, immediate family member)

2. Notify Corporate Risk Management

3. Call 911 if deemed appropriate by Park Management

4. Refer the patient for follow-up to your local Emergency Room

Patients should be advised to go directly to an EMERGENCY ROOM or their private physician immediately.

Appendix A

Personal protection equipment required

Type of PPE	Area protected
HEPA filter mask	Respiratory tract
Water-resistant gown “universal precautions”	Skin
Gloves	Skin
Plastic goggles	Eyes

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Name of patient _____ Date _____

Name of EMT _____

Location _____

INSTRUCTIONS FOR PATIENTS ALLEGEDLY EXPOSED TO ANTHRAX

You were evaluated today for alleged exposure to anthrax. Anthrax is a type of bacteria found throughout the world that usually infects cattle, sheep, horses, and goats. Up until recently, anthrax rarely caused disease in humans in the US. In the majority of alleged exposures to anthrax, the risk of actually being exposed to anthrax is very small. Because humans are relatively resistant to anthrax, even if you are exposed, the risk of actually developing anthrax disease is also small. Anthrax cannot be spread from person to person, so your family and friends are not at risk from you.

1. You are being sent to the EMERGENCY ROOM at Baystate Medical Center for laboratory tests and to determine your need for antibiotics. Please take this form with you. If you do not have a private physician, then you should call the following physician or clinic for an appointment. **(Follow up use only)**

Name (Family Medical Center) Phone number _____

2. As a final precaution, you should return to the Emergency Department immediately for either of the following:

- A) New rapidly worsening dry cough, difficulty breathing, fever, chills, weakness – typically severe and beginning 1-2 days after exposure
- B) New skin ulcer with a black center surrounded by swelling – typically appearing on areas of your body not normally covered by clothing (hands, feet, face, and neck) and beginning within days to one week after exposure

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APPENDIX A

Following is a spreadsheet from the CDC that lists several biological agents and information regarding their routes of entry, incubation time, PPE needed, etc.

BIOLOGICAL AGENTS

Source: OSHA 2003

Disease/ Agent	Anthrax	Botulism (Botulinum Toxin)	Plague	Small Pox	Tularemia	Viral
Agent						Hemorrhagic
Agent						Fevers
Agent						(VHF)
	Bacillus anthracis Rod shaped spore-forming bacteria	Clostridium botulinum	Yersinia pestis	Variola major	Francisella tularensis	Group of viruses (Ebola, Marburg, Lassa, Rift Valley Fever, Yellow Fever, etc.)
		Rod shaped spore forming bacteria	Rod shaped bacteria	Virus	Rod shaped bacteria	
Routes of	Inhalation of spores, contact with non-intact skin, and ingestion.	Inhalation of aerosolized toxin or ingestion of contaminated food or water.	Bubonic plague naturally spread by bites from infected fleas.	Inhalation of aerosolized virus or person-	Bite of infected ticks, flies, or mosquitoes.	Contact with infected person or animal reservoirs or arthropod vectors.
Exposure				to-		
	Person-	No person-	Pneumonic plague caused by inhalation of aerosolized bacteria or person-	person transmission.	Ingestion or handling of infected animals, food, water, or soil.	Inhalation of aerosolized virus.
	to-	to-person transmission.	to-			
	person trans-		person transmission.		Inhalation of aerosolized bacteria.	
	mission extremely unlikely.					
					No person-	
					to-	
					person transmission.	
Incubation	Inhalational: 1-6 days	12-36 hours after inhalation	1-6 days (pneumonic plague)	7-17 days	1-21 days	4-21 days

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Period	Cutaneous: Up to 12 days					
		2 hours to 8 days after ingestion (12-72 hours typically)		12 days on average	3-5 days on average	
Pressure-demand SCBA with Level A protective suit.						
PPE - Emergency Response						
to a Suspected Biological Incident	* Event is uncontrolled.					
	* The type(s) of airborne agent(s) is unknown.					
	* The dissemination method is unknown.					
(* Dissemination via an aerosol-generating device is still occurring.					
<u>NIOSH</u>	* Dissemination via an aerosol-generating device has stopped, but there is no information on the duration of dissemination, or what the exposure concentration may be.					
<u>Interim Recommendations</u>						
)						
	Pressure-demand SCBA with Level B protective suit.					
	* The suspected biological aerosol is no longer being generated.					
	* Other conditions may present a splash hazard.					
	Full-facepiece respirator with P100 filter or PAPR with HEPA filters. Disposable hooded coveralls, gloves, and foot coverings.					
	* An aerosol-generating device was not used to create high airborne concentration.					
	* Dissemination was by a letter, package, or other material that can be bagged, contained, etc.					
PPE/	Standard Precautions.	Standard Precautions.	Standard Precautions.	Standard Precautions.	Standard Precautions.	Standard Precautions.
Infection Control - Healthcare Workers						
<u>Ä²</u>	Isolation is not required. Ä	Isolation is not required. Ä	Droplet Precautions and isolation until at least 48 hours of antibiotic therapy and clinical improvement has taken place. Ä	Droplet and Airborne Precautions.	Isolation is not required. Ä	Airborne Precautions and isolation.
				Isolation required until all scabs separate.		VHF-Specific Barrier Precautions. Ä
				Home isolation and care is preferable.		

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Persistence	Very stable -- spores can remain viable for many years (> 40 years in soil and water), and resist sunlight for varying periods.	Aerosolized toxin is detoxified in air within 12 hours (substan-	Airborne bacteria survive about one hour after being released; very susceptible to sunlight and heat.	Aerosolized virus may persist for 24 hours or longer under favorable conditions. Destroyed within 6 hours under high temperature and humidity.	Aerosolized bacteria expected to have a short half-life due to desiccation, solar radiation, oxidation, and other environmental factors.	Not environ-
		tially by 2 days), and in 1-3 hours in sunlight.				mentally stable and not expected to persist in the environ-
			Remains viable in water, moist soil, and grains for several weeks.	Remains viable for extended periods in contaminated laundry.	Persists for months at temperatures at or below freezing.	ment for prolonged periods.
		Will persist for weeks in nonmoving water and food.				
			At near freezing temperatures, it will remain alive from months to years but is killed by 15 minutes of exposure to 55Å° C.		May survive for extended periods in a cold, moist, environment.	
			Survives in soil for up to 1 year and 270 days in live tissue.		Easily killed by heat and disinfectants.	
			Remains viable for some time in dry sputum, flea feces, and buried bodies but is killed within several hours of exposure to sunlight.			
	Clothing and skin should be thoroughly washed with soap and water.					
Person-						
nel						
Decon-						
tamination						
Environ-	Decontam-	Heating to an internal temperature of 85Å° C for at least 5 minutes will detoxify contam-	By the time patients become ill and aerosol release is determined, there would be no viable bacteria in the environment.	By the time patients become ill and aerosol release is determined, there would be no viable virus in the environment.	Objects or surfaces can be decontam-	The need for and methods of decontam-
mental	ination is technically difficult; full expert analysis required.	inated food or drink.			inated using 10% hypochlorite bleach solution.	ination

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Decon-			No evidence that bacteria in soil are a risk.	Standard hospital disinfectants used for infection control are effective for cleaning contam-	following an attack require expert analysis.
tamination		Contam-		inated surfaces.	Rendered harmless by mild heat (55Å° C for 10 minutes).
		inated objects or surfaces should be cleaned with 0.1% hypochlorite bleach solution if they cannot be avoided for the hours to days required for natural degradation.	If present, competent vectors (fleas) and reservoirs (rodents) should be controlled (flea insecticides, flea barriers, and rodent controls).		Contam-
				Disposable waste should be incinerated and re-usable materials should be auto-	inated laundry should either be washed in hot water with bleach, autoclaved, or incinerated.
				claved, chemically decontam-	
				inated, or laundered in hot water and bleach.	Surfaces and contam-
					inated equipment should be disinfected with hospital disinfectant or 1% hypochlorite bleach solution.